



*This form should be returned within 48 hours of the oral report.*

**Fax to: (857)403-0296 Attn: Hotline**

**or email to: [DPPChotline@massmail.state.ma.us](mailto:DPPChotline@massmail.state.ma.us)**

**REPORTER INFORMATION:**

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Alternate Telephone#:** \_\_\_\_\_

**INFORMATION ON THE DECEDENT:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**DOB or approximate age if DOB not known:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Disability: \_\_\_\_\_ Known medical conditions: \_\_\_\_\_

► **Was the Decedent receiving any care or supervision at the time of death? Explain:**

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► Agency providing services at the time of death: \_\_\_\_\_

### DETAILS REGARDING THE DEATH:

► **Summary of the details surrounding the death. (Include names, dates, times, and specific facts and any information regarding health or other issues leading up to the death):**

[illegible]

**DETAILS REGARDING THE DEATH(continued):**

► Date and time of death: \_\_\_\_\_

► Cause of death: \_\_\_\_\_

► Location of death:

Address: \_\_\_\_\_

Program or facility name: \_\_\_\_\_

Type of program/facility: \_\_\_\_\_

► Is there any reason to believe that the death was the result of abuse or neglect? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

► Were there any unusual or suspicious circumstances surrounding the death? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

► Were local police notified? ☐yes ☐no Name of Police Department: \_\_\_\_\_

► Was the Medical Examiner notified? ☐yes ☐no

► Was an autopsy conducted? ☐yes ☐no

**COLLATERALS:**

► Persons involved that may have more information about the death:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Was an oral report filed: \_\_\_\_Yes \_\_\_\_No

If not, please call (800)426-9009 to file an oral report.

If so, indicate date and time filed. Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\*PLEASE ATTACH ADDITIONAL INFORMATION IF NECESSARY.**

\_\_\_\_\_  
Signature of Reporter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time